



PTO/SB/21 (09-04)

AF/1648

**TRANSMITTAL  
FORM**

Not to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

09/728,423

Filing Date

December 1, 2000

First Named Inventor

MICHAEL HOUGHTON

Art Unit

1648

Examiner Name

M. Hill

Attorney Docket Number

PP001618.0003 (2300-1618)

**ENCLOSURES (Check all that apply)**☒ **Fee Transmittal Form (1 page)**☒ **Fee Attached**☐ **Amendment/Reply**☐ After Final☐ Affidavits/declaration(s)☒ **Extension of Time Req (1 page)**☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/ Incomplete Application☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ **Other Enclosure(s) (please identify below):****Notice of Appeal (1 page)****Check for \$1520.00****Return Receipt Postcard**

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Robins &amp; Pasternak LLP

Signature

Printed name

Jenny Buchbinder

Date

September 12, 2006

Reg. No.

48,588

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Denise M. Valleriant

Date

9/12/06



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**1520.00****Complete if Known**

Application Number	09/728,423
Filing Date	December 1, 2000
First Named Inventor	MICHAEL HOUGHTON et al.
Examiner Name	M. Hill
Art Unit	1648
Attorney Docket No.	PP01618.003 (2300-1618)

**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ -72 or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ -3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 1) Extension of Time for 3 months (large entity) per PTO/SB/22, attached  
2) Notice of Appeal per PTO/SB/31, attached**Fees Paid (\$)**1020  
500**SUBMITTED BY**

Signature	<u>Jenny Buchbinder</u>	Registration No. (Attorney/Agent)	48,588	Telephone	(510) 923-2969
Name (Print/Type)	Jenny Buchbinder			Date	September 12, 2006